

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0115
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL # NM-34580	
2. NAME OF OPERATOR Heitzman Drill-Site Services		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Not Applicable	
3. ADDRESS OF OPERATOR P. O. Box 3579, Casper, Wyoming 82602-3579		7. UNIT AGREEMENT NAME Not Applicable	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 760' FNL, 2040' FEL (NW $\frac{1}{4}$ NE $\frac{1}{4}$) 3-21N-5W		8. FARM OR LEASE NAME Firerock Federal <i>J</i>	
14. PERMIT NO.		9. WELL NO. 1-3	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7127.4 GR		10. FIELD AND POOL, OR WILDCAT Wildcat <i>Dakota</i>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 3, T21N, R5W	
		12. COUNTY OR PARISH Sandoval	
		13. STATE New Mexico	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Change Operator <input checked="" type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Please change the Operator on the above-referenced well location from

Heitzman Drill-Site Services to: Coastal Oil & Gas Corporation
P. O. Box 749
Denver, Colorado 80201-0749
Phone: (303) 572-1121

All correspondence should be directed to the attention of Mr. Randy L.

Bartley, Operations Manager, at the above address.

I hereby certify that Coastal Oil & Gas Corporation is authorized by the proper Lease Interest Owners to conduct lease operations associated with this Application for Permit to Drill the Firerock Federal #1-3, Federal Lease # NM-34580. Bond coverage pursuant to 43 CFR 3104 for lease activities is being provided by Coastal Oil & Gas Corporation, Nationwide Bond # CO-0018, who will be responsible for compliance with all the terms and conditions of that portion of the lease associated with this Application for Permit to Drill.

18. I hereby certify that the foregoing is true and correct

SIGNED Robert M. Anderson TITLE Authorized Agent DATE April 25, 1990
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

NMOCD

*See Instructions on Reverse Side

APPROVED
Ken Townsend
FOR AREA MANAGER